

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-975)**

SERIAL NO.

FILING DATE

11-2-19, 694

APPLICANT

10/019-094

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
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TOTAL IND.												
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TOTAL CLAMS												

PTO-975 (2-79)

THIS IS USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

USE THIS SPACE FOR COMMENTS
FOLLOWING REVISIONS ONLY

Best Available Copy